MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE

APPLICANT(S)

4-4-05 6-21-05 3-25-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51							
2		1		1		1	52							
3		2		2		2	53							
4		2		2		2	54							
5		2		2		2	55							
6		2		2		2	56							
7		2		2		2	57							
8		2		2		2	58							
9		2		2		2	59							
10		2		2		2	60							
11		1		1		1	61							
12		1		1		1	62							
13		1		1		1	63							
14		1		1		1	64							
15		1		1		1	65							
16		1		1		1	66							
17		1		1		1	67							
18	1		1		1		68							
19		1		1			69							
20		1		1		1	70							
21		3		3		1	71							
22		1		1		1	72							
23		1		1		1	73							
24		1		1			74							
25		1		1			75							
26		1		1		1	76							
27		1		1		1	77							
28		1		1		1	78							
29		1		1			79							
30		1		1			80							
31		1		1			81							
32		1		1			82							
33		1		1		1	83							
34		1		1			84							
35		1		1			85							
36		1		1			86							
37	1		1		1		87							
38		1		1		1	88							
39		1		1		1	89							
40		3		3		1	90							
41		3		3		1	91							
42	1		1		1		92							
43		1		1		1	93							
44		1		1		1	94							
45		3		3		1	95							
46		3		3			96							
47	1						97							
48		1					98							
49							99							
50		1					100							
TOTAL IND.	5		4		4		TOTAL IND.							
TOTAL DEP.	61		60		40		TOTAL DEP.							
TOTAL CLAIMS	126		24		44		TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS